

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **91**

Registrar's No. **120**
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County **Gila** (b) City or Town **Miami** (c) Location **M. J. Hospital**
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution **12 days**; In Community **1 mo.**; In Arizona **4 yrs.**
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State **Ariz.** (b) County **Gila** (c) City or Town **Miami**
(If outside city limits also write RURAL)
(d) Street No. **Central Heights** (e) Citizen of foreign country (Yes or No) **No**
If Yes, which country

3. (a) FULL NAME **Andrew Robert Good** (b) If Veteran **no** (c) Social Security No. **5-37-34-1649**

4. Sex **Male** 5. Race **White** ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced **married**
6. (b) Name of husband or wife **Hattie Good** 6. (c) Age of husband or wife, if alive **62 yrs.**
7. Birthdate of deceased **May 7 1861**
(Month) (Day) (Year)
8. AGE: Years **72** Months **10** Days **39** If less than one day
hrs. min.
9. Birthplace **Texas**
(City, town or county) (State or Country)

10. Usual Occupation **Farmer**
11. Industry or Business **Farmer**
Father { 12. Name **Pinkney Good**
13. Birthplace **Miami**
(City, town or county) (State or Country)
Mother { 14. Maiden Name **Martha Ray**
15. Birthplace **Unknown Arkansas**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Arthur Good**
(b) Address **Alameda Calif.**

17. (a) Burial, Cremation or Removal **Burial**
(b) Place **Miami Ariz.** (c) Date **Apr. 7 1944**
18. (a) Embalmer's Signature **J. May Miles Jr.**
(b) Funeral Director **Miles Mortuary**
(c) Address **Miami Ariz.**

19. (a) **April 14 1944**
(Date received Local Registrar)
(b) **Vernon D. Grayson**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **April 6 1944**
TIME (Hour and minute) **2:45 P.M.**
21. I hereby certify that I attended the deceased from **3-26-44**
to **4-6-44**
that I last saw him alive on **4-6-44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Extreme Cachexia**
Due to **Gen. Carcinomatosis**
Due to **Primary Carcinoma of Colon**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **None**
Of operations: **None**
Of autopsy: **None**

DURATION

Known for 6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury
23. Signature **W. D. Lehman** M. D.
Address **Michu. Hosp. Miami, Ariz.** Date signed **4-13-44**